



Field Services Division
Reno/Carson City 684-4DMV
Las Vegas 486-4DMV
Rural NV (877) 368-7828
www.dmvnv.com

RESTRICTED LICENSE INFORMATION

To apply for a restricted driver license, Nevada law requires the applicant serve one-half of the revocation or suspension period. Exceptions apply to ignition interlock requirements, child support suspensions and some juvenile suspensions.

Please call the appropriate phone number above for the address of the DMV office near you.

EMPLOYED/SELF-EMPLOYED APPLICANTS: If employed, complete applicant's portion of the EMPLOYED restricted license application, and the employer completes employer information. Self-employed applicants complete all information requested and attach a copy of their business license or other acceptable document(s) to substantiate self-employment. Do not complete the unemployment application on the back.

A restricted license may be requested to drive to and from work and on the job, if required. Workdays and hours are limited to a maximum of six (6) days per week, ten (10) hours per day.

UNEMPLOYED APPLICANTS: Applicant completes UNEMPLOYED section. Requests are considered to obtain grocery and drug store items and/or medical attention. A restricted license cannot be approved to seek employment. A physician's statement is required for requests to drive for medical purposes. The Verification of Need must be completed by an unbiased individual and notarized by a Nevada notary public.

SR-22: To obtain the restricted license following approval, proof of financial responsibility SR-22 (Certificate of Insurance) must be filed on any revocation and certain suspensions. The SR-22 insurance is required for a continuous three (3) year period from the date of reinstating the driving privilege.

TESTING: Applicants may be required to successfully complete the written, vision, and drive examinations as well as pay a reinstatement fee.

IGNITION INTERLOCK DEVICE: If you have been ordered to install an ignition interlock device on your vehicle, proof of that installation must be submitted with your application for a restricted license. Prior to applying, Nevada law requires the applicant wait: 45 days - 1st DUI, and one (1) year - 3rd DUI. (Effective October 1, 2000, a restricted license is prohibited by law on a 2nd DUI)

POINT VIOLATOR SUSPENSION: Proof of completion or enrollment in an approved course in traffic safety within the past 6 months is required before the department will issue the restricted license.

DENIAL OF AN APPLICATION: A restricted license application will be denied if the applicant's license was suspended or revoked for the following:

1. A financial responsibility, medical or failure to appear suspension.
2. Certain driving record convictions within the past five (5) years.
3. The third demerit point suspension within the past five (5) years.



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EMPLOYED RESTRICTED LICENSE APPLICATION

INSTRUCTIONS: Application must be completed by the applicant and employer. Please type or print in **black** ink and deliver or mail to DMV office in your area. Please call one of the above phone numbers for the address of the location nearest you. Failure to complete all sections will cause considerable delay in processing your application.

APPLICANT COMPLETES: Social Security Number _____ Date of Birth _____

Name _____ Home Phone _____
Last First Middle

Residence Address _____ City/Zip _____

Mailing Address (If different) _____ City/Zip _____

Sex _____ Height _____ Weight _____ Hair _____ Eyes _____ Out-of-State License No. _____ State _____

Request to Drive: ☐ To and from work _____ Exact miles one way to work via the most direct route.

☐ Drive on the job for work-related purposes ☐ Commercial driving

Are you self-employed? ☐ Yes ☐ No (If "Yes", please provide a copy of your business license or other substantial proof)

Does a licensed driver (**not** applicant) reside in the household? ☐ Yes ☐ No If "Yes", name _____

His/her driver license number _____ Licensed driver's employer _____

Address/City _____ Days and hours licensed driver works _____

I CERTIFY ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND ANY MISSTATEMENT MAY CAUSE DENIAL AND/OR CANCELLATION OF THE RESTRICTED LICENSE, AND THAT FAILURE TO COMPLY WITH RESTRICTIONS OR ANY CONDITIONS OF THE RESTRICTED LICENSE MAY RESULT IN CANCELLATION OF THIS PRIVILEGE.

Applicant's Signature _____ Date _____

EMPLOYER AND SELF-EMPLOYED APPLICANTS COMPLETE THE FOLLOWING:

Business name _____ Phone _____

Business location _____ City/State/Zip _____

Mailing Address (if different) _____ City/State/Zip _____

Days and hours (specify am/pm) applicant works _____

Applicant's work duties _____

Is the applicant required to drive during work hours? ☐ Yes ☐ No If "Yes", applicant drives ☐ private vehicle ☐ company vehicle(s) during work hours in the _____ area (specify city)

EMPLOYER COMPLETES VERIFICATION OF EMPLOYMENT:

I CERTIFY I AM AUTHORIZED TO PROVIDE THE INFORMATION INDICATED ABOVE AND TO VERIFY THAT THE APPLICANT IS CURRENTLY EMPLOYED WITH THIS BUSINESS. I FURTHER CERTIFY THAT I WILL NOTIFY THE FIELD SERVICES DIVISION IF THIS EMPLOYEE TERMINATES EMPLOYMENT.

Authorized Signature

Print name and title

FOR DEPARTMENT USE:

Verified _____ Date _____

SR-22: ☐ Needed ☐ Filed ☐ No Traffic Safety School: ☐ Yes ☐ No

PDPS: ☐ No Match ☐ LIC ☐ ELG ☐ NOT State _____ Number _____

☐ Approved ☐ Denied Reason Denied _____

Eligibility Date _____ Expiration Date _____ Restricted License No. _____

UNEMPLOYED RESTRICTED LICENSE APPLICATION

(Do NOT complete if employed)

INSTRUCTIONS: Application must be completed by the applicant and an unbiased individual as indicated. Failure to complete **relevant** sections will cause considerable delay in processing your application.

Please type or print in **black** ink and deliver or mail to DMV office in your area. Please call for the address of the location nearest you.

APPLICANT COMPLETES: Social Security Number _____ Date of Birth _____

Name _____ Home Phone _____

Last First Middle

Residence Address _____ City/Zip _____

Mailing Address (If different) _____ City/Zip _____

Sex _____ Height _____ Weight _____ Hair _____ Eyes _____ Out-of-State License No. _____ State _____

Does a licensed driver (**not** applicant) reside in the household? ☐ Yes ☐ No If "Yes", Name _____

His/Her driver license number _____ License driver's employer _____

Address/City _____ Days and hours license driver works _____

Request to drive: ☐ Grocery Store Name of Store/Address _____

Exact miles _____ one-way to the store via the most direct route

Specify two days per week _____ Two hours _____ am/pm to _____ am/pm

☐ Medical purposes Nature of condition _____

(Attach separate statement from attending physician as to nature of medial condition, include prescribed medications, the effects on applicant's ability to safely operate a motor vehicle, and recommended restrictions. The statement must be submitted on the physician's letterhead and dated within the past thirty (30) days.)

Name of physician _____ Address/City _____ Phone _____

Date of medical appointment(s) _____ Time _____ (am/pm) (Attached additional sheets if necessary)

I CERTIFY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND ANY MISSTATEMENT MAY CAUSE DENIAL AND/OR CANCELLATION OF THE RESTRICTED LICENSE, AND THAT FAILURE TO COMPLY WITH RESTRICTIONS OR ANY CONDITIONS OF THE RESTRICTED LICENSE MAY RESULT IN CANCELLATION OF THIS PRIVILEGE.

Applicant's Signature _____ Date _____

VERIFICATION OF NEED: (Must be completed by an unbiased person (neighbor, social worker or clergyman) not residing in the household. The signature **must** be notarized by a Nevada notary public.)

Relationship to applicant _____ Explain applicant's need to obtain transportation _____

Signature _____ Date _____

Print Name _____ Phone _____

Address/City/Zip _____

STATE OF NEVADA

COUNTY OF _____

SIGNED and ATTESTED to before me on _____ NOTARY PUBLIC _____

(Notary Seal)

My commission expires _____

FOR DEPARTMENT USE:

Verified _____ Date _____

SR-22: ☐ Needed ☐ Filed ☐ No Traffic Safety School: ☐ Yes ☐ No

PDPS: ☐ No Match ☐ LIC ☐ ELG ☐ NOT State _____ Number _____

☐ Approved ☐ Denied Reason Denied _____

Eligibility Date _____ Expiration Date _____ Restricted License No. _____